

<i>SERFF Tracking Number:</i>	<i>AEGC-125912078</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Monumental Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40921</i>
<i>Company Tracking Number:</i>	<i>1758</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Monumental Life Insurance Company (Formerly: Peoples Benefit Life) 2008 Annual Standard Individual Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>2008 Monumental Life Insurance Company (Formerly: Peoples Benefit Life) Standard Individual Medicare Supplement Rates/551</i>		

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: Monumental Life Insurance SERFF Tr Num: AEGC-125912078 State: ArkansasLH

Company (Formerly: Peoples Benefit Life) 2008

Annual Standard Individual Medicare

Supplement

TOI: MS051 Individual Medicare Supplement - SERFF Status: Closed State Tr Num: 40921

Standard Plans

Sub-TOI: MS051.001 Plan A

Co Tr Num: 1758

State Status: Approved-Closed

Filing Type: Rate

Co Status:

Reviewer(s): Stephanie Fowler

Authors: Carolyn Mills, Teri

Disposition Date: 11/25/2008

Schaffer, Kristina Davis

Date Submitted: 11/24/2008

Disposition Status: Approved

Implementation Date Requested: 03/01/2009

Implementation Date: 03/01/2009

State Filing Description:

General Information

Project Name: 2008 Monumental Life Insurance Company (Formerly: Status of Filing in Domicile: Pending

Peoples Benefit Life) Standard Individual Medicare Supplement Rates

Project Number: 551

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The rates for this policy form in our domiciliary state of Iowa are pending.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 15%

Group Market Type:

Filing Status Changed: 11/25/2008

State Status Changed: 11/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

SERFF Tracking Number: AEGC-125912078 State: Arkansas
Filing Company: Monumental Life Insurance Company State Tracking Number: 40921
Company Tracking Number: 1758
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Monumental Life Insurance Company (Formerly: Peoples Benefit Life) 2008 Annual Standard Individual Medicare Supplement
Project Name/Number: 2008 Monumental Life Insurance Company (Formerly: Peoples Benefit Life) Standard Individual Medicare Supplement Rates/551

Filing Description:

2008 Annual Rate Filing for Monumental Life Insurance Company (Formerly: Peoples Benefit Life) Standard Individual Medicare Supplement Policies. Policy Form#(s): 615400 A, 615400 C

Dear Ms. Minor:

Enclosed is our rate submission for the benefits contained in the Standardized Medicare Supplement plans. This rate revision would be effective the first day of the month following 60 days from the effective date of the approval. Since this is a closed block of business, we have dropped all plans that no longer have lives for the last two years. We will only be including in our filings the plans that still have lives.

To aid in the rate review process, the actuarial memorandum is in line with the rate revision filing format recommended in the NAIC Medicare Supplement Model Regulations Compliance Manual.

Enclosed to complete this submission are:

- Actuarial Memorandum with Exhibit A
- Exhibit B (Experience)
- Life, Accident & Health Transmittal Document
- Projection Exhibit
- Actual to Expected Analysis

Should you have any questions or concerns, please feel free to call me at 800-233-4624 extension 5236 or our Actuary, Stephen Baloga at extension 5226. For your convenience you can email us at msapprovals@aegonusa.com. If you prefer, our fax number is 410-209-5904.

Sincerely,

Teri Schaffer,
Actuarial Administrative Supervisor

SERFF Tracking Number: AEGC-125912078 State: Arkansas
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Company and Contact

Filing Contact Information

Carolyn Mills, Assistant Actuarial Statistician cemills@aegonusa.com
520 Park Avenue (410) 209-5644 [Phone]
Baltimore, MD 21201 (410) 209-5904[FAX]

Filing Company Information

Monumental Life Insurance Company CoCode: 66281 State of Domicile: Iowa
4333 Edgewood Road, NE Group Code: 468 Company Type: Life and Health
Cedar Rapids, IA 52499 Group Name: State ID Number:
(800) 233-4624 ext. [Phone] FEIN Number: 52-0419790

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$50.00	11/24/2008	24112428

Correspondence Summary

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	11/25/2008	11/25/2008

SERFF Tracking Number: AEGC-125912078 State: Arkansas

Filing Company: Monumental Life Insurance Company State Tracking Number: 40921

Company Tracking Number: 1758

TOI: MS051 Individual Medicare Supplement - Standard Plans Sub-TOI: MS051.001 Plan A

Product Name: Monumental Life Insurance Company (Formerly: Peoples Benefit Life) 2008 Annual Standard Individual Medicare Supplement

Project Name/Number: 2008 Monumental Life Insurance Company (Formerly: Peoples Benefit Life) Standard Individual Medicare Supplement Rates/551

Disposition

Disposition Date: 11/25/2008

Implementation Date: 03/01/2009

Status: Approved

Comment: We have approved the requested 15% rate increase for Plans A and C to be implemented on or after March 1, 2009. This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Monumental Life Insurance Company	15.000%	\$2,101	2	\$14,008	15.000%	15.000%	15.000%

State: *Arkansas*

State Tracking Number: 40921

Company Tracking Number: 1758

Sub-TOI: MS05I.001 Plan A

Standard Plans

Product Name: Monumental Life Insurance Company (Formerly: Peoples Benefit Life) 2008 Annual Standard Individual Medicare Supplement

Project Name/Number: 2008 Monumental Life Insurance Company (Formerly: Peoples Benefit Life) Standard Individual Medicare Supplement Rates/55I

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Uniform transmittal	Accepted for	Yes
		Informational Purposes	
Rate	Rates	Approved	Yes
Rate	Rates	Approved	Yes

SERFF Tracking Number:	AEGC-125912078	State:	Arkansas
Filing Company:	Monumental Life Insurance Company	State Tracking Number:	40921
Company Tracking Number:	1758		
TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	Monumental Life Insurance Company (Formerly: Peoples Benefit Life) 2008 Annual Standard Individual Medicare Supplement		
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Rate Information

Rate data applies to filing.

Filing Method:	serff
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	02/29/2008
Filing Method of Last Filing:	serff

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Monumental Life Insurance Company	15.000%	15.000%	\$2,101	2	\$14,008	15.000%	15.000%

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Rates	615400 A	Revised		exhibita_p.pdf
Approved	Rates	615400 C	Revised		

Exhibit A
Monumental Life Insurance Company
Formerly Peoples Benefit Life Insurance Company

Mass Marketed Standard Individual Medicare Supplement
Premium Rates
State of Arkansas

Policy Form 615400

Current Annual Premium Rates

Issue Age	Plan A	Plan C
All Ages	2,510	11,504

Proposed Rate Change

	Plan A	Plan C
All Ages	15.0%	15.0%

Proposed Annual Premium Rates

Issue Age	Plan A	Plan C
All Ages	2,887	13,230

	Annual	Semi-Annual	Quarterly	Monthly
Modal Factors	1.000	0.500	0.250	0.083

*Pre – 65 rates were discounted rates that were offered to insureds who purchased a Medicare Supplement policy 3 months prior to their 65th birthday. If the policy was purchased at 64 and 9 months, the insured was charged the pre-65 rate, and not the age 65 rate.

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Supporting Document Schedules

Satisfied -Name: Uniform transmittal **Review Status:** Accepted for Informational 11/25/2008
Purposes
Comments:
Attachment:
uniform_transmittal.pdf

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Monumental Life Insurance Company Formerly Peoples Benefit Life Insurance Company 520 Park Avenue Baltimore, MD 21201-4500	Iowa	Accident & Health	468	66281	52-0419790	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Teri Schaffer Actuarial Administrative Supervisor 520 Park Avenue Baltimore, MD 21201-4500	800-233-4624 ext. 5236	410-209-5904	msapprovals@aegonusa.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	1758
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Small [] Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div>
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9.	Type of Insurance	MS05I Individual Medicare Supplement - Standard Plans
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10.	Product Coding Matrix Filing Code	<u>MS05I.001 (All Plans)</u>
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11.	Submitted Documents	<div style="border: 1px solid black; padding: 5px;"> <p><u>FORMS</u></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <p><u>Rates</u></p> <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate </div> <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <p><u>SUPPORTING DOCUMENTATION</u></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div>
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12.	Filing Submission Date	November 18, 2008
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13.	Filing Fee (If required)	Amount	\$ 50.00	Check Date										
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number										
14.	Date of Domiciliary Approval	The rates for this policy form in our domiciliary state of Iowa are pending												
15.	Filing Description:													
	<p>2008 Annual Rate Filing for Standard Mass Marketed Medicare Supplement Policies: Monumental Life Insurance Company Formerly Peoples Benefit Life Insurance Company</p> <p><u>POLICY FORM #(s):</u></p> <p>615400 A 615400 C</p>													
16.	Certification (If required)													
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .														
Print Name: Stephen Baloga, A.S.A., M.A.A.A. Title: Assistant Vice President and Actuary														
Signature:  Date: November 18, 2008														

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			1758	
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing			15.0%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum	615400 A 615400 C	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>15.0%</u> <input type="checkbox"/> Other _____	
	Memorandum, rates, state & nationwide experience, actual to expected analysis, loss ratio projections			
02	Life, Accident & Health Transmittal Document	615400 A 615400 C	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>15.0%</u> <input type="checkbox"/> Other _____	
	Pages 1 thru 3			
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% ____% <input type="checkbox"/> Other _____	

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